

# **2015 BUSINESS LICENSE APPLICATION**

## **Important information for business owners**

- The City of Bainbridge Island Municipal Code requires all businesses to have a business license.
- All businesses must comply with the city municipal code and must have Department of Planning & Community Development approval prior to opening.
- If a business has more than one location in the city, a separate license is required for each location and the license must be displayed at each location.

Business Name: \_\_\_\_\_

DBA (if any): \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

What is the square footage of the area occupied by your business? \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner Name(s): \_\_\_\_\_ Owner Phone: \_\_\_\_\_

Washington State UBI#: \_\_\_\_\_ Federal EIN (optional): \_\_\_\_\_

(Required - go to [www.bls.dor.wa.gov](http://www.bls.dor.wa.gov) for information on obtaining a UBI # via a WA State Business License application.)

**MUST BE COMPLETED** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contacts Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Type of Ownership (Circle)** Sole Ownership Partnership Corporation LLC

**Type of Business (Circle)** Retail Wholesale Service Manufacturing Other: \_\_\_\_\_

**DETAILED DESCRIPTION OF PRODUCT OR SERVICE:** \_\_\_\_\_

***If your business is located on Bainbridge Island, please answer these questions:***

Number of Employees \_\_\_\_\_ Will your business have a sign? Yes ☐ No ☐

Number of Parking Spaces \_\_\_\_\_

## **IF YOU OPERATE THIS BUSINESS OUT OF YOUR HOME**

⇒ Will any sales be made on the premises? Yes ☐ No ☐

⇒ Will you have equipment outside your house/garage/outbuildings? Yes ☐ No ☐

⇒ Will any large or heavy equipment be stored on the premises? Yes ☐ No ☐

If so, please describe: \_\_\_\_\_

⇒ How many people are employed at the home other than residents? \_\_\_\_\_

## **ADDITIONAL LICENSING REQUIREMENTS**

City business licenses are subject to all State licensing requirements.

Contact the Finance Department at 206-780-8668 if you operate any of the following:

- (1) cabaret (2) games of skill (video games) (3) amusement games (billiard tables, pool tables, foosball tables, etc) (4) jukeboxes OR (5) veterinary clinics and/or animal boarding facilities.

If this license will apply to more than one business, please attach a letter noting additional business names, descriptions, and contact details.

**2015 BUSINESS LICENSE EXPIRES 12/31/2015**

Regardless of when a license is issued, all licenses expire on this date.  
Business owners will be contacted by the Finance Department to renew their licenses.

**INITIAL BUSINESS LICENSE FEES**

**BEFORE business commences \$ 65.00**

**AFTER business commences \$130.00**

(A late fee of 10% per month will also apply to businesses applying for a license AFTER business commences)

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A business is considered EXEMPT from licensing fees  
if business activity at the same fixed location is limited to no more than  
1 day per week for 4 consecutive weeks OR 4 consecutive days in one year.

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**BUSINESS LICENSE FEES MUST BE PAID PRIOR TO PROCESSING**

License Fee \_\_\_\_\_ + Late Fee \_\_\_\_\_ = Total \_\_\_\_\_

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**SIGNATURE REQUIRED**

The undersigned hereby certifies under penalty of perjury, under the laws of the State of Washington, that the information provided on this application is true and correct to the best of his/her knowledge and that this business has obtained all licenses and permits required by the State of Washington and the United States Government.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Planning Department: Zoning: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

Building: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

Fire: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_  
(As determined by Building)

Police Department: Legal Activity: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send original application with payment made out to "City of Bainbridge Island" to:**  
(Payment may be made with check, cash or Visa/MasterCard/Discover/AmericanExpress cards.)

**City of Bainbridge Island**

280 Madison Avenue North

Bainbridge Island, WA 98110-1812

Phone: 206/780-8668

Fax: 206/842-5741

Office Hours Monday – Friday, 8:00 a.m. to 4:00 p.m.